

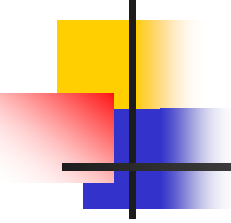
Meeting the Needs of the Community with Early Interventions and Evidence Based Care The CBITS Program



**A Partnership between
the Los Angeles Unified School District
and
UCLA/RAND**

Marleen Wong, Ph.D.

Sheryl Kataoka, MD



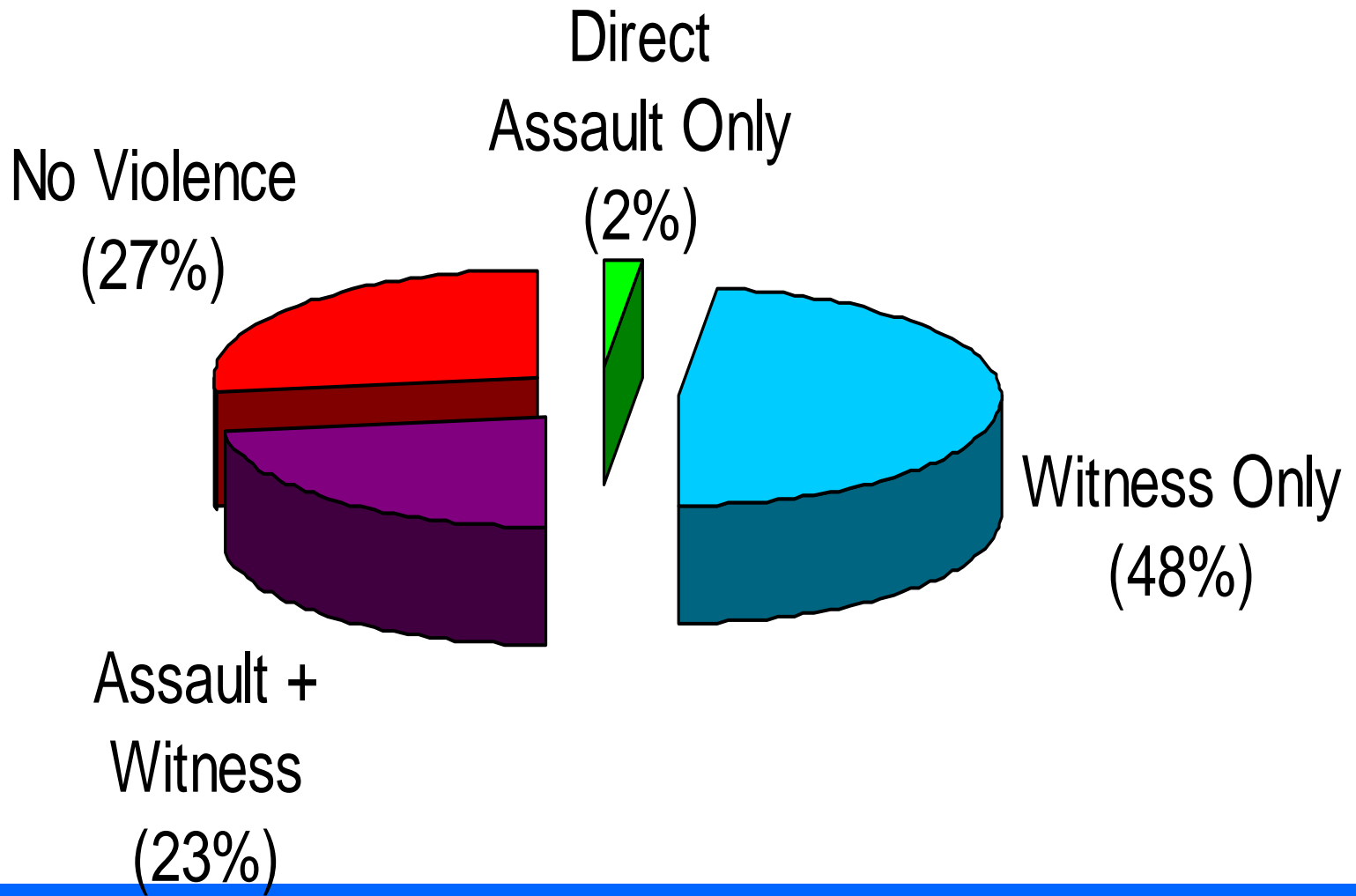
“Interpersonal violence
is a public health emergency...
and
one of the most significant
public health issues facing
America”

C. Everett Koop, JAMA, 1992

National Survey of Adolescents

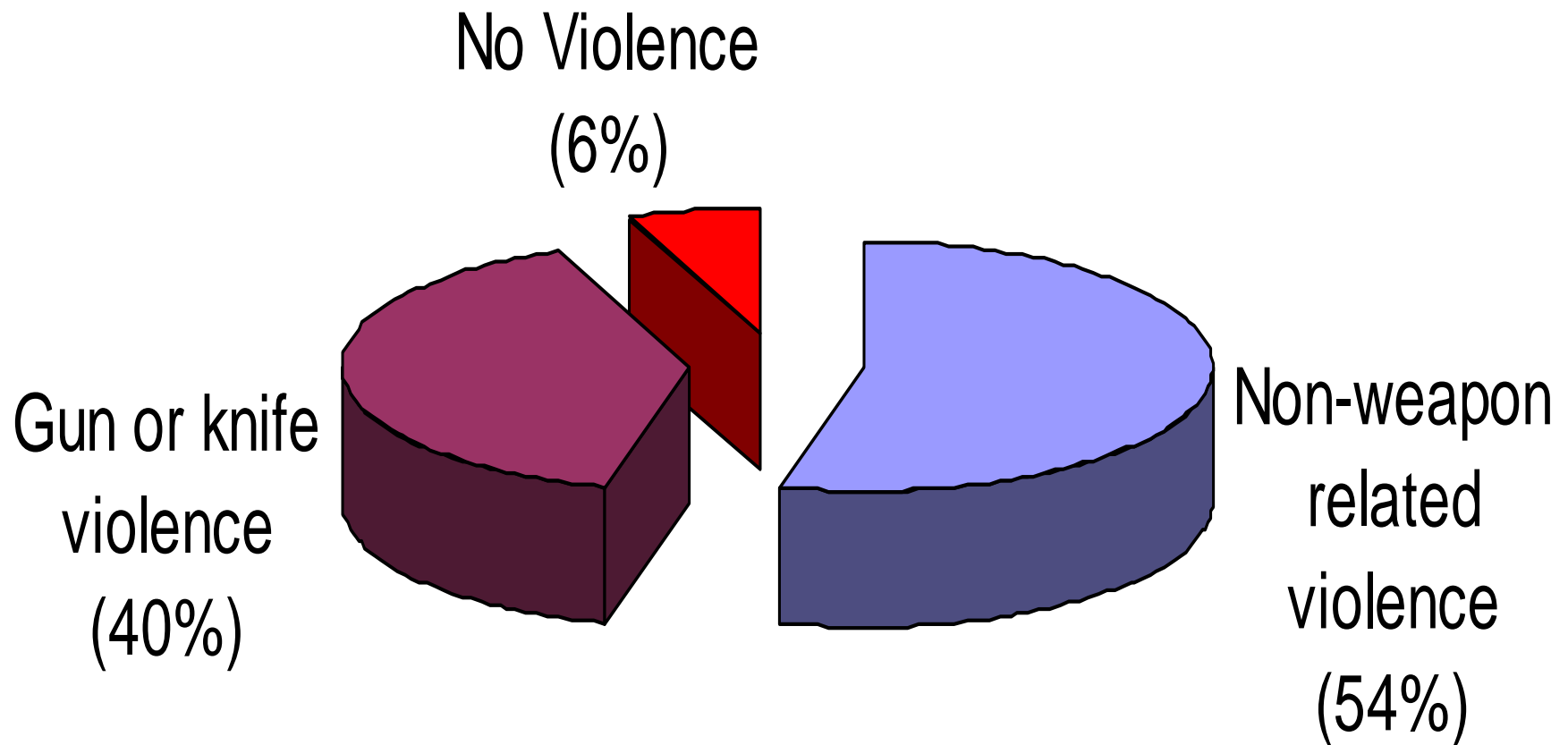
Prevalence of Violence History

(N=1,245) Kilpatrick et. al., 1995



LAUSD 6th Grade Students (n=28,882)

Prevalence of Past Year Violence, 2004

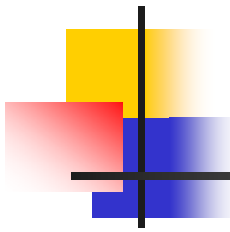




Mental health consequences of violence exposure

- Post traumatic stress disorder (PTSD)
- Depression
- Substance abuse
- Behavioral problems

How does violence exposure impact learning?



- Decreased IQ and reading ability (Delaney-Black et al., 2003)
- Lower grade-point average (Hurt et al., 2001)
- Higher school absenteeism (Hurt et al., 2001)
- Increased expulsions and suspensions (LAUSD Survey)
- Decreased rates of high school graduation (Grogger, 1997)



Why provide mental health services in schools?

- 80% of children with emotional problems don't get mental health services
- School mental health programs can overcome barriers
- Schools play a central role in most communities
- President's New Freedom Commission recommends screening and treating children in schools with evidence based care



The CBITS Story

- The Problem:

- Marleen Wong, then Director of School Mental Health and “crisis counselors” at LAUSD recognized the wide spread exposure to violence of students and its impact on learning

- The Collaboration:

- Help from the RWJ Clinical Scholars Program Junior investigators (Bradley Stein, former CS and Sheryl Kataoka) and senior scientists (Ken Wells, Arlene Fink, Naihua Duan)



Goals of the Collaboration

- School administrators recognized students' wide-spread exposure to violence
- LAUSD School Mental Health officials wanted to develop a program for traumatized students
 - Based on the best available science
 - Culturally sensitive for children and families – Developed with Latino and African American Students and Recent Immigrants Speaking Armenian, Korean, Russian and Spanish
 - Tailored for the school setting
 - Evaluated for effectiveness



CBITS as a product of a participatory partnership

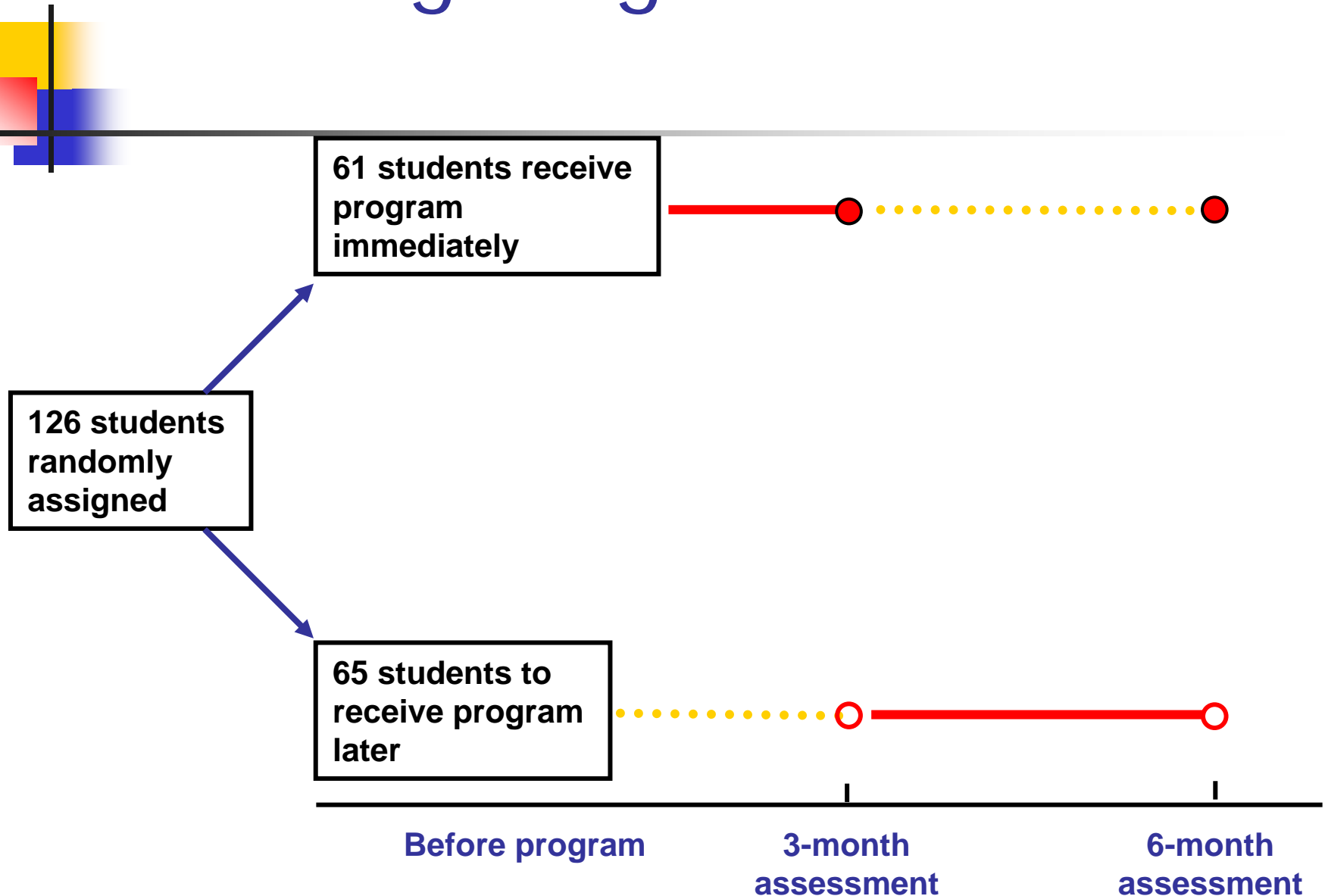
- CBITS can be provided by school-based clinicians
- Framing program in terms of a “curriculum” not mental health treatment
- CBITS is feasible within schools
 - Sessions occur during one class period
 - Can be flexible with school schedule
 - Minimal burden on teachers
- Easy identification of students for the program
 - Short screening questionnaire filled out by students



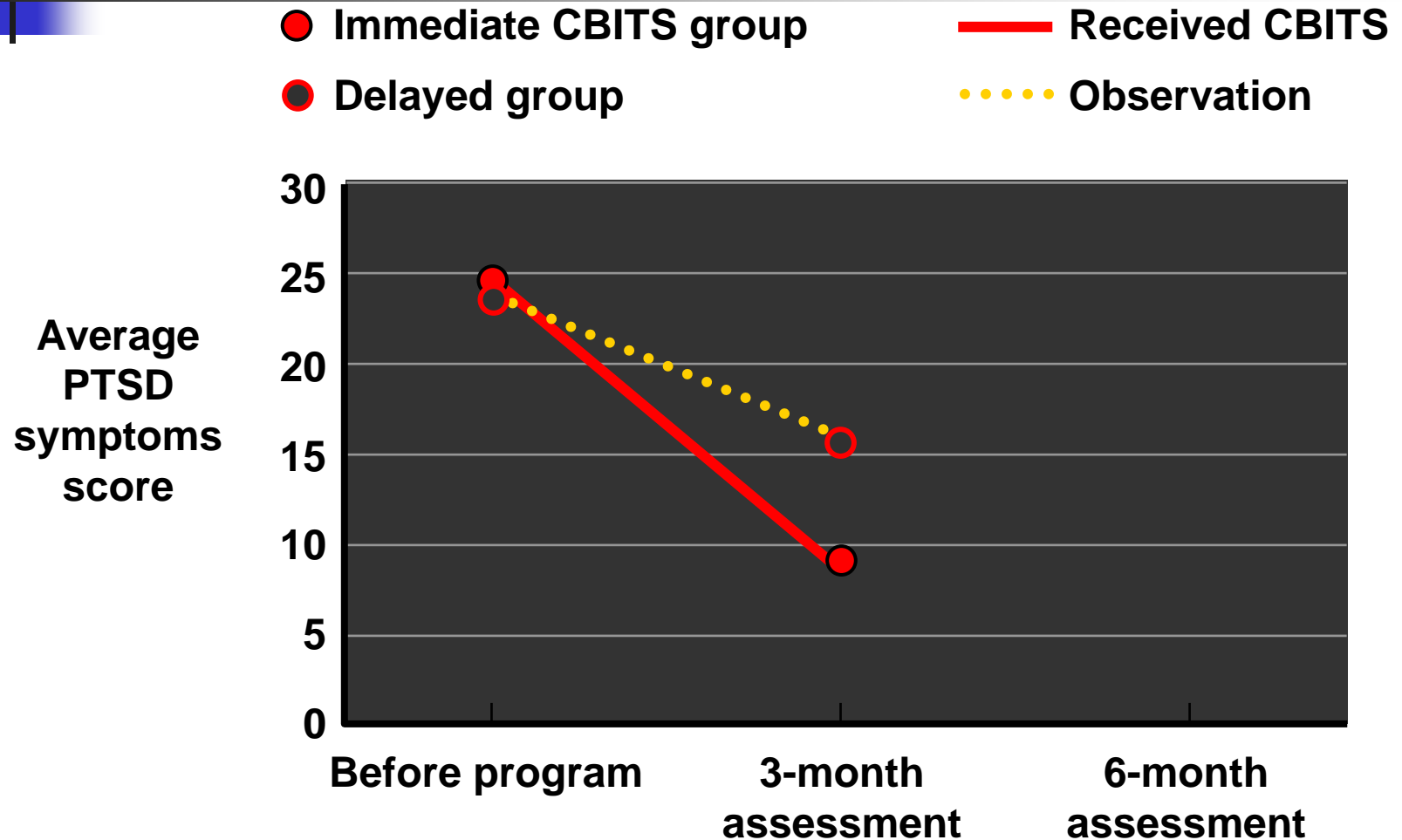
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- 10 trauma-focused, group therapy sessions for students delivered on school campuses and focused on skills building
- Parent outreach, education about trauma, parenting support
- Teacher education about detecting and supporting traumatized students
- Evaluation with randomized wait-list comparison group design

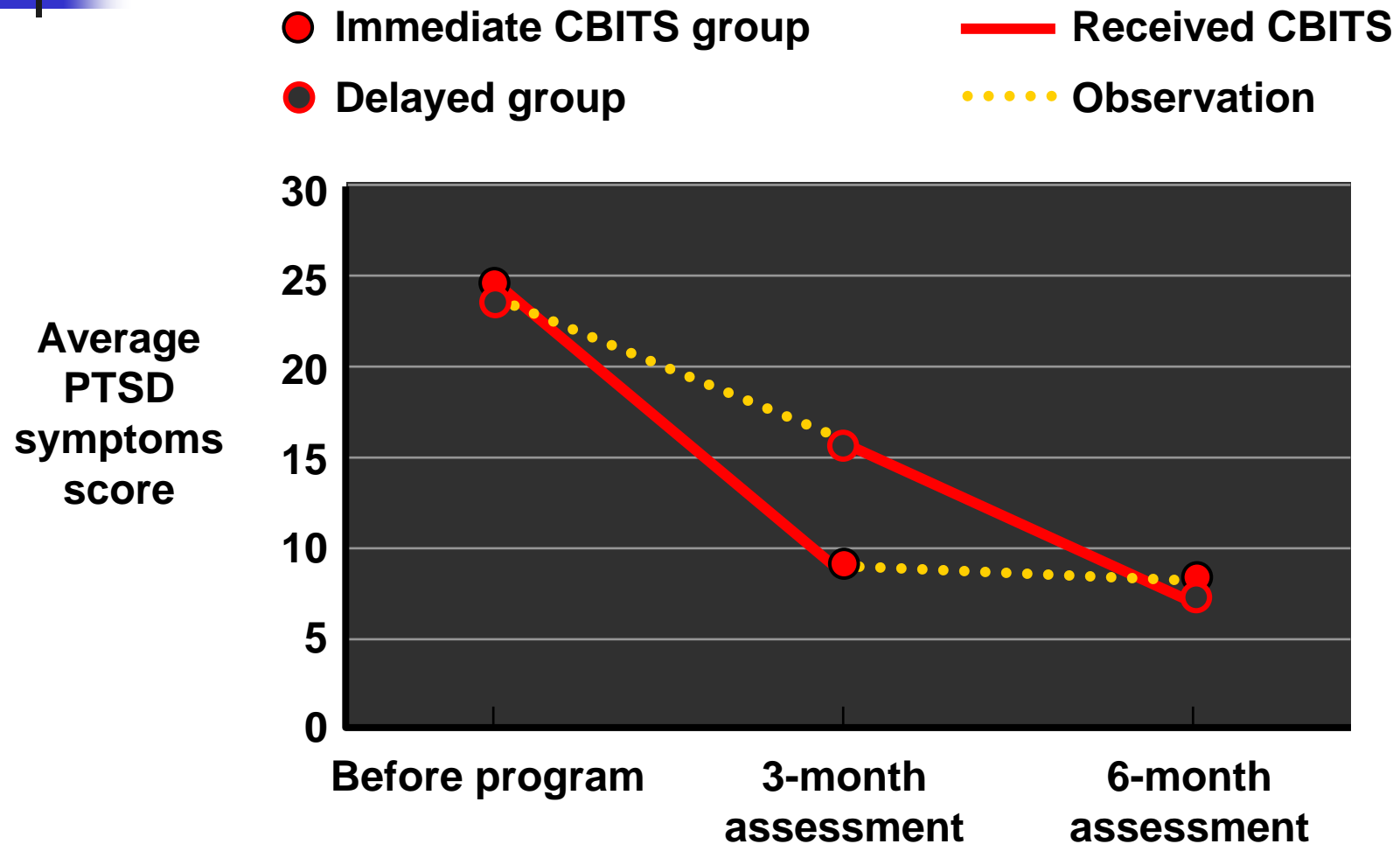
Evaluating Program Effectiveness



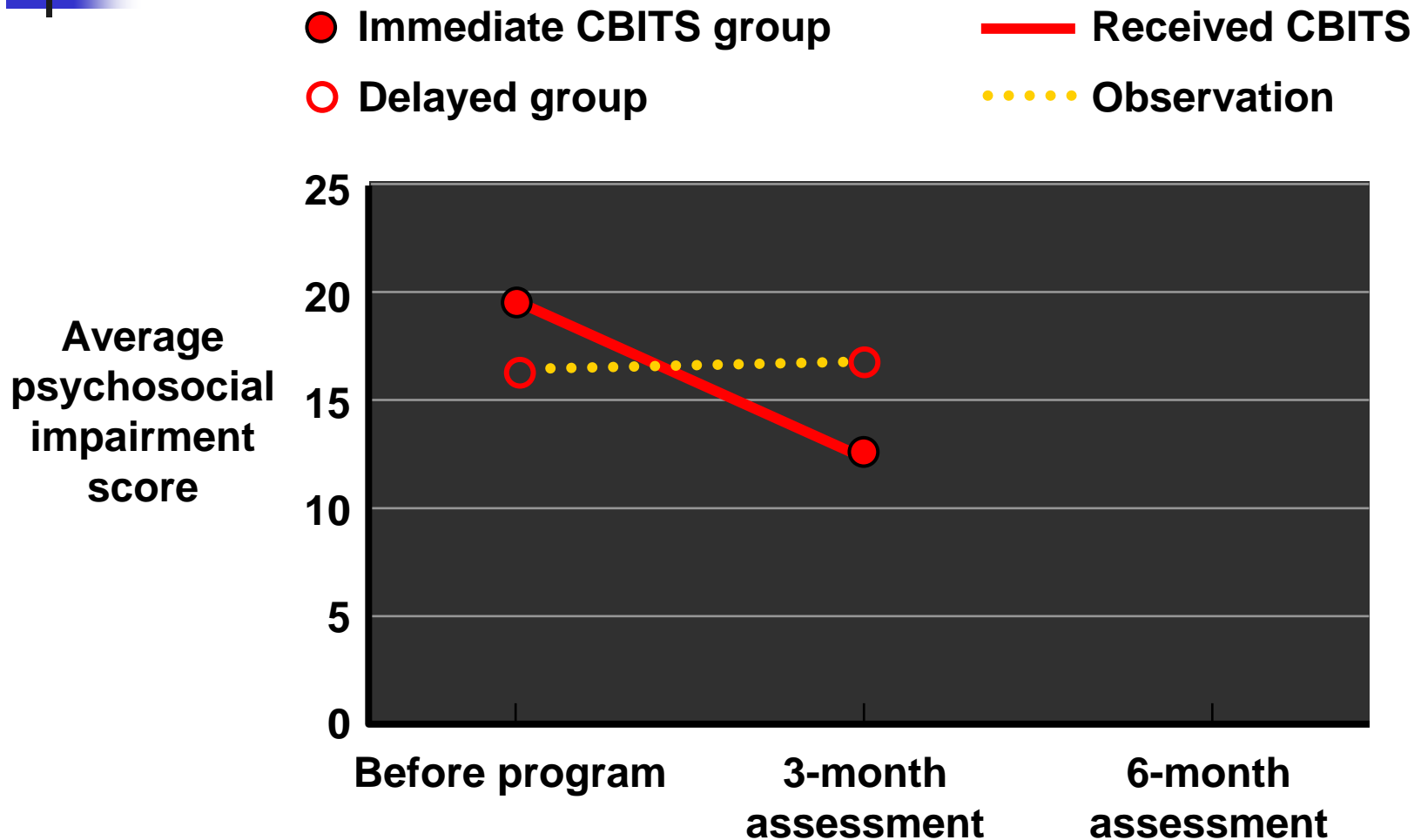
Treatment improves trauma symptoms



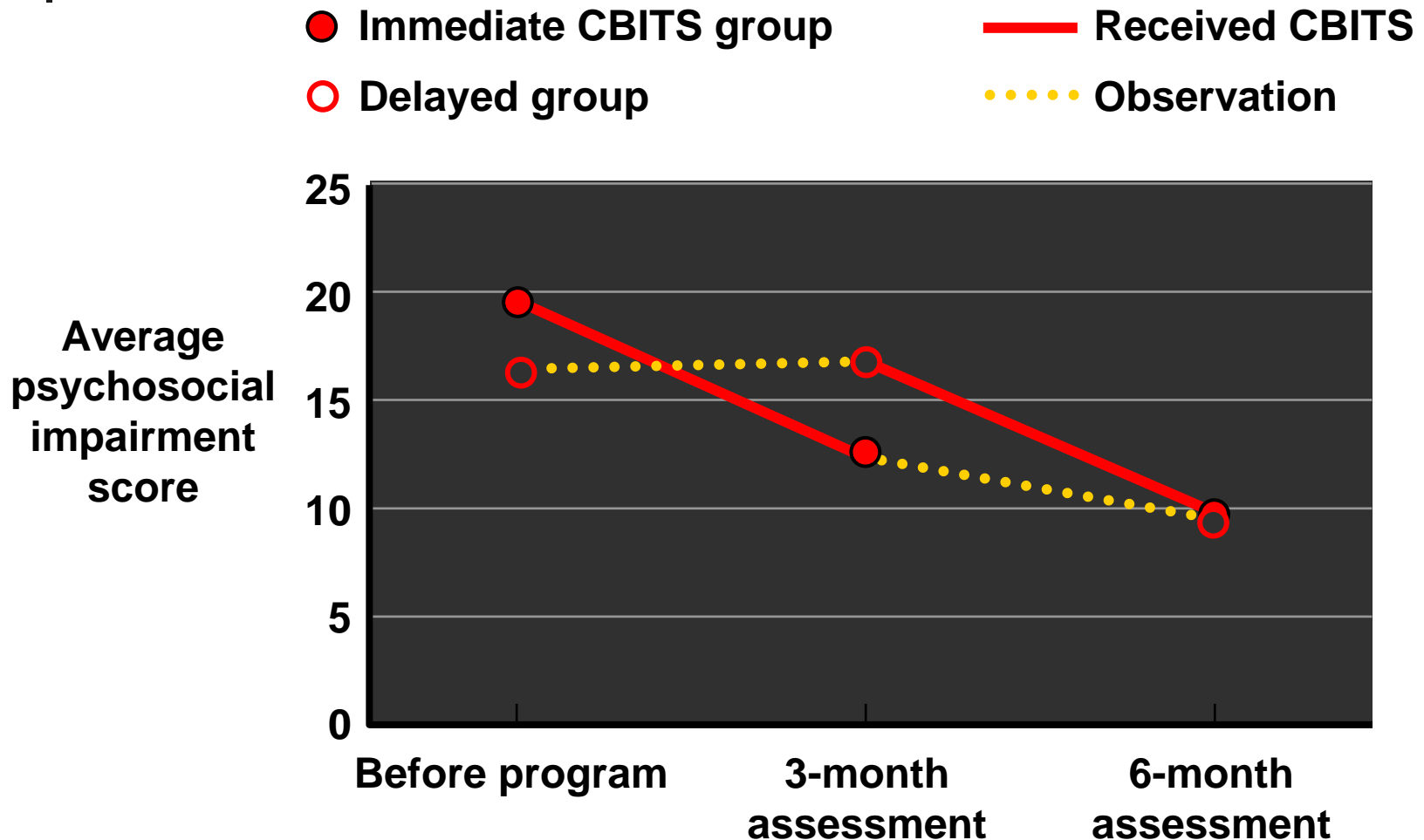
Improvement in symptoms lasts



Parents report children doing better



Improvement in functioning lasts





Grades and Classroom Behavior Improved

- As trauma symptoms decreased, grades improved
- Teachers reported fewer classroom learning problems after program
- Parents reported improved family relationships and behavior



CBITS as recommended practice

- U.S. Department of Education: CBITS meets standards of the No Child Left Behind policy
- Recognized as evidence-based program by:
 - National Child Traumatic Stress Network
 - National Registry of Evidence-based Programs and Practices (NREPP)
 - Promising Practices Network
 - Office of Juvenile Justice and Delinquency Prevention (OJJDP)



Building Implementation Strategies

- CBITS Manual by L. Jaycox published by Sopris West
- Implementation Toolkit being developed by LAUSD partners to be compendium guide by same publisher
- Pre-training consultation and readiness assessment



Building Implementation Strategies

- Trauma Services Adaptation Center for Schools (SAMHSA – National Child Traumatic Stress Network, M.Wong)
- Development of Train the Trainer Model (Mark Taper Foundation, M. Wong)
- Improving outreach to caregivers (Carter Center, M. Wong)
- Support for Students Exposed to Trauma, adaptation for non-clinicians (NIMH R01, L. Jaycox)



Building Implementation Strategies

- Quality Improvement in Schools, adaptation for students receiving special education (NIMH K Award, S Kataoka)
- Adaptation for faith-based communities through community partnerships (EXPORT Disparities Center pilot, S. Kataoka)



Dissemination efforts

- National Child Traumatic Stress Network, SAMHSA funded initiative, over 50 sites across the U.S.
- NCTSN sites trained in CBITS:
 - Mental Health Center of Dane County- Madison, WI
 - Harborview Center for Sexual Assault- Seattle, WA
 - Montana Center for the Investigation and Treatment of Childhood Trauma—Rocky Boy Reservation, MT
 - University of New Mexico—Albuquerque Navajo Reservation, NM
 - International Institute of New Jersey, Jersey City, NJ
 - Chadwick Center- San Diego, CA



Other CBITS trained sites

- Center for Family and Youth Services-St. Charles Parish, LA
- Educational Service District 105 & The Yakima Nation-Yakima, WA
- Educational Service District 113- Olympia, WA
- Center for Victims of Torture-Minneapolis, MN
- Center for School Mental Health Assistance (CSMHA)-University of MD, Baltimore, MD
- Systems of Care Chicago & Univ. of Illinois, Chicago, IL
- National Rural Behavioral Health Center/Univ. of Florida- Gainesville, FL
- Center for Multicultural Human Services- Falls Church, VA
- Midfairfield County Child Guidance Center- Norwalk, CT



Transforming how schools deliver mental health services

- Participatory partnerships with school communities (administrators, staff, school clinicians, youth and families)
 - To develop relevant implementation strategies
 - To build on existing strengths and resources
- Improving the quality of existing services



Transforming how schools deliver mental health services

- Addressing training issues relevant to schools
 - Given lack of clinicians in schools, can other non-clinicians deliver CBITS?
 - Supporting additional CBITS supervision
 - Addressing clinician and school cultures that may be barriers to implementation



Transforming how schools deliver mental health services

- Financing strategies

- Medicaid for actual face to face clinical services
- Additional resources (educational funds, grants) needed for non-billable activities (screening, serving uninsured students, educational activities with teachers)

- Leadership

- Incentives from federal and state policies
- Rare champions of EBPs



Next Steps for Early Intervention - CBITS

- Breakthrough Series Learning Collaborative Model for quality improvement for organizational and clinician level change
- Gulf State regional trainings (LA School District, Catholic Archdiocese)
- Proposal for a CBITS-Technical Assistance Center to provide structural and clinical support for implementation and evaluation



For More Information

- Marleen Wong, Ph.D., Director
Crisis Counseling and Intervention
Services

333 S. Beaudry, 20th Floor

Los Angeles, CA. 90017

O: 213.241.2174

marleen.wong@lausd.net